



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 298-7113**

OWNER OF BUSINESS: **ETERNITY DAY SPA INC.**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ETERNITY DAY SPA**

MAILING ADDRESS: **19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	09/24/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/10/16	tchen
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	03/10/16	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/11/16	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/17/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/10/16	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # **142707**

BUSINESS INFORMATION

Type of Business: Massage Parlor	Address of Business: 19983 Soledad Canyon Rd Santa Clarita 91351	
DBA (Business Name): Eternity Day SPA Inc	Business Telephone: 661-666-298-7113	
	Mailing Address: Same as Above	
Sellers Permit # (State Board of Equalization): N/A		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 2-13-2014	Incorporated in the State of: California	
Exact Corporate Name: Eternity Day SPA Inc		
Names of Officers	Addresses	Titles
Judy Q. Jiang	[REDACTED]	President

APPLICANT INFORMATION

Applicant's Full Name: Judy Q. Jiang		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: DANTING068@yahoo.com
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **9-18-2015** Applicant's Signature: **Judy Q. Jiang**
Application taken by: **[Signature]** Date: **9/18/2015**

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

*emailed
9/22/15*

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 298-7113**

OWNER OF BUSINESS: **ETERNITY DAY SPA INC.**

CAL. DR. LIC.#: [REDACTED]

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THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*We recommend approval
at this time.*

SIGNATURE:

D. Hamrick

DATE:

9/22/15

10/21/2015 WED 11:31 FAX 5612861134 Linda Trujillo
10/20/2014 09:29 6612555013 FS#104

003/003

#1689 P.004/004

10/20/2015 WED 11:43 FAX 5612861134 PG 104

002/004

3232637342

10:25:34 a.m.

10-07-2015

13/17

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

104

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 298-7113

OWNER OF BUSINESS: ETERNITY DAY SPA INC.

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ETERNITY DAY SPA

MAILING ADDRESS: 19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

R. F. S. Approved - Fire Safe

SIGNATURE: [Signature]

DATE: 10/21/15

BASIC LICENSE NO. 9439

DATE 09/22/15

IDENTIFICATION NUMBER 142707



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

SR 006166.9

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 298-7113

OWNER OF BUSINESS: ETERNITY DAY SPA INC.

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ETERNITY DAY SPA

MAILING ADDRESS: 19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: SEE Report ~~DEH~~ TITLED, "SR0061669.PDF"

SIGNATURE: L. Martinez

626.430.51820

DATE: 3/1/2016

BASICLICENSENO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142707



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

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**REGIONAL PLANNING
SANTA CLARITA**



APPROVAL



DENIAL

RECOMMENDATION:

approval for massage parlor OTCIS-1993

SIGNATURE: *[Signature]*

DATE: *1/8/16*



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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15 01055

**BUSINESS LICENSE
APPLICATION REFERRAL**

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OWNER OF BUSINESS: ~~ETERNITY DAY SPA INC.~~

Jian G. Judy
9/22/68

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ETERNITY DAY SPA

MAILING ADDRESS: ~~19983 SOLEDAD CANYON ROAD, SANTA CLARITA, CA 91351~~

DATE THAT YOU STARTED BUSINESS: [REDACTED]

PREVIOUS OWNER'S NAME, IF KNOWN:

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**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wp 53007

DATE: 2/26/16

BASIC LICENSE NO. 8430

DATE 09/22/15

IDENTIFICATION NUMBER 142707

9/22

Send to Nlowe 2/27